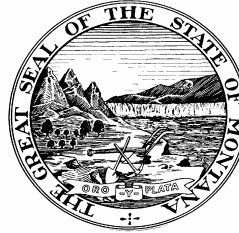


CONSUMER COMPLAINT FORM DO NOT CALL VIOLATION

Mail the completed form along with copies of all relevant supporting documents to:

Montana Department of Administration
Consumer Protection
Telemarketing Fraud Unit
1219 8th Avenue
PO Box 200501
Helena, MT 59620-0501
(406) 444-9405



WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS, SO PLEASE WRITE LEGIBLY.

Please print with ink only or type

Your Name

Your Street Address/City/State/Zip Code

(Area Code) Home Telephone/(Area Code) Work Telephone

Name of business or individual you are complaining about

Business Street Address/City/State/Zip Code

Person you dealt with

1. First contact between you and the business (Please check one):

____I received a telephone call from the business.

____I telephoned the business.

____I received information in the mail.

____I responded to radio/TV ad.

____I responded to printed advertisement.

____Other:_____

2. Have you had any prior business transactions _____Yes _____ No
with this company?

If Yes, Please explain:_____

3. Date of first contact: _____

4. Did you speak clearly and directly to the telemarketer and asked them to place
your name on their "Do Not Call" list? _____Yes _____ No

5. Date/Time of other calls: _____

6. Was the telemarketer courteous? _____Yes _____ No

7. Have you complained to the business? _____Yes _____ No

If yes, when?_____ What was the business' response?

8. Please describe your complaint in detail. (Attach extra sheets if necessary)

9. What do you believe would be a fair resolution to this matter?

You may also file a complaint through Small Claims Court.

We will begin an investigation into your complaint shortly after your complaint form is received. Be advised that Consumer Protection cannot act as your attorney or legal representative in this matter. Private counsel should be consulted to protect your interests, if you deem counsel is necessary.

I UNDERSTAND THAT THE STATE HAS FULL DISCRETION CONCERNING ITS ACCEPTANCE, INVESTIGATION, AND RESOLUTION OF THIS COMPLAINT, AND THAT THE STATE CANNOT ACT AS MY ATTORNEY AND NO ATTORNEY/CLIENT RELATIONSHIP IS ESTABLISHED AS A RESULT OF ANY ACTIVITIES UNDERTAKEN IN MY BEHALF.

I HEREBY AFFIRM THAT THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE USE OF MY NAME AND THIS COMPLAINT IN INVESTIGATING THE COMPANY OR INDIVIDUAL COMPLAINED OF.

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE/DATE